localization studies in patients with minimal hyperparathyroidism for whom surgical correction of the disease is recommended. These studies should facilitate the task of the surgeon. Whether such studies are indicated in patients with uncomplicated well-established disease is doubtful. In such patients, a highly experienced parathyroid surgeon is likely to carry out a curative procedure in 90 percent or more of cases. Under this circumstance, the cost:benefit ratio may not justify preoperative localization studies.

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Will Private Medicine Self-Destruct?

WILL PRIVATE MEDICINE SELF-DESTRUCT? This would have been an unthinkable question only a few months ago. Now it is not. Practicing physicians are under unprecedented stress and their behavior under this stress is being carefully watched by their patients and the public. The stress is undeniably intense. Many physicians, perhaps a majority in California, face the imminent likelihood that they will not be able to get malpractice insurance at a price they can reasonably afford to pay, or perhaps at any price. If they continue their practice without any insurance they do so at great personal financial risk, and if they quit practice they find themselves suddenly cut off both from their life's work, which is the care of patients, and from their income. As more and more physicians come to face this really terrible personal dilemma, tension understandably mounts. And born of this frustration, there now has been a call from some within the profession for a massive strike of protest.

A strike by physicians is not an ordinary strike. It has far more than ordinary potential for harm and for backlash. In such a situation each physician should begin by asking himself exactly what will be accomplished—for himself, for his patients or for his profession—and then decide what his stance will be. Who will be affected by a strike to protest high malpractice insurance premiums and how will they be affected? It seems unlikely that the malpractice insurance carriers will quickly lower their rates, so an immediate solution to the problem with direct and immediate benefit to the physician seems unlikely. The public is already aware of and generally sympathetic to the doctors' malpractice plight. The real effect of a massive doctor's strike would be first on patients, then on the private sector of medicine itself and finally on all physicians by way of a predictable counterreaction by the public. The adverse effect on patients is obvious enough. But experience shows that private hospitals and even physicians' private offices are extremely vulnerable to the financial ramifications of a work stoppage by doctors. All of this could only be destructive. We actually could pull our house down with us. Finally, the public views medical services as essential to protection much as are the services of firemen and the police, and there is good recent evidence that the public does not take kindly to the interruption of these kinds of services by strikes.

These are times when medicine needs to gain strength and stature and not lose it, or worse, be punished by the public perhaps even at the polls as was the recent fate of striking firemen and policemen in San Francisco. These are times when physicians should approach their own stressful practice problem the same way they would approach a difficult and stressful patient care problem. Physicians do not panic when they are taking care of patients, nor do they protest or run away. When the going is tough they keep a steady hand and work the problem through, always doing what they believe is best for their patients in the highest traditions of the profession. This is exactly the approach that is needed now. The public expects physicians to deal with their practice problem in the same professional manner in which they would handle a complex and frustrating problem in patient care. If we do this now, in ways that all can see, the profession will gain in strength, stature and influence. If we do not we might even manage to self-destruct private medicine.

—MSMW